

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
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Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

HEARING AND SPEECH EXAMINING BOARD

APPLICATION FOR TEMPORARY LICENSE TO PRACTICE SPEECH-LANGUAGE PATHOLOGY

APPLICANT: Complete this section and submit directly to your supervisor for completion. An applicant for temporary licensure must submit a completed application form for full licensure, together with submission of all required forms and required fees. A temporary license is required prior to commencing work at a clinical fellowship in Wisconsin.

Last Name	First Name	MI	Former / Maiden Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

☐ I have taken the National Certification Examination for Speech-Language Pathology and am awaiting results.

☐ I have taken and passed the National Certification Examination for Speech-Language Pathology.

☐ I am scheduled to take the next available National Certification Examination for Speech-Language Pathology on: / /

SUPERVISING SPEECH-LANGUAGE PATHOLOGIST: Complete this section and submit directly to DSPS: you may fax/email with facility cover sheet/letter to: (608) 261-7083 or DSPSCredHearingSpeech@wisconsin.gov.

AFFIDAVIT: I wish to request that a temporary license to practice Speech-Language Pathology in the State of Wisconsin be issued to the above listed applicant. I am aware that a temporary license may be issued for a period not to exceed 18 months and may be renewed once for 18 months or longer, at the discretion of the Board.

Signature of Supervisor

Printed Name of Supervisor

/ /

Date

Title of Supervisor

WI License #:

Agency/Department/Employer:

Name of Physical Work Location:

Address of Physical Work Location:

(number, street, city, zip code)

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

☐ **Temporary License Fee \$10.00**

For Receipting Use Only (154)